

BIA - OFFICE OF TRUST SERVICES PATHWAYS INTERNSHIP PROGRAM

2/8/16

Host Office Intern Request

PURPOSE: To initiate a request for one or more interns. Requestors that volunteer to host an intern should accurately describe the work tasks and training assignments for the intern(s) to improve recruiting and skill matching for the host unit. In all cases, it should be noted that the student intern's work schedule should be designed and monitored to ensure it supports the student's ability to complete their required academic work. Interns must be hosted by the BIA but may be placed with tribe or tribal organization. Administrative requirements are retained by the BIA. Procedural questions on completing this request or on other aspects relating to the Pathways program should be addressed to: gayla.schock@bia.gov.

Preferences

Number of Interns requested: _____	
Start and End Dates: Start on _____	End on _____ Hours Per Week _____
Appointment Length: <input type="checkbox"/> One year, Not-to-Exceed 2 years <input type="checkbox"/> On-going (<i>job shadowing, exposure to a career</i>)	
Proposed Schedule: <input type="checkbox"/> Summer and during breaks <input type="checkbox"/> Part-time and year round	
Degree Program: <input type="checkbox"/> forestry <input type="checkbox"/> natural resource management <input type="checkbox"/> agriculture / rangeland <input type="checkbox"/> soil conservation / science	
<input type="checkbox"/> other (<i>describe</i>): _____	

Type of Assignment (*check all that apply*): On detail to BIA office assigned to tribe, tribal organization.

Hosting Unit Information and Intern Work Site Location

<u>FEDERAL AGENCY</u> <i>(Required)</i>	<u>TRIBE, TRIBAL ORGANIZATION</u> <i>(If applicable)</i>
Office Name: _____	_____
Supervisor Name: _____	_____
Address: _____	_____
City, St, Zip: _____	_____
Phone / Email: _____	_____

Are lodging accommodations available? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, provide description:
Are there any other in-kind contributions / cost sharing / leverage opportunities provided (travel expenses, local, tribal or formal training opportunities, tuition assistance, other)? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, provide description:
Provide brief summary description of the work and training for intern(s), indicate primary focus (attach page with details):

Approving Official

Name and Title: _____	
Signature: _____	Date: _____

* Email document to Gayla Schock, a minimum of 30 days prior to the begin date of placement at gayla.schock@bia.gov. If there are any changes to the begin and end dates, resubmit the form.